SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT SEP 4 5205

		A DESCRIPTION OF THE PERSON OF	
Refund:	Amount Paid:	Date:	Permit #:
	9.16.15	9-16-15	15.6345

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED—▶	ESTED-	0	LAND USE SAN	SANITARY	□ PRIVY	☐ CONDITIONAL USE	TIONAL	П	SPECIAL USE		□ в.о.А.		OTHER
Jonathan E, and	d Tudy	<u></u>	Schoch	Mailing Address:	dress: のスレメン	Ý	City/State/	Vip:	EH	878	839	Telephone:	ne:
Address of Property:	\$ 22	5	Po a v	City/State/Zip:		et s	4873					Cell Phone: りょ3 - み59-	me: 259-8356
				Contractor Phone:	-	ımber						Plumber	Plumber Phone:
Authorized Agent: (Person	Signing Appl	(Person Signing Application on behalf of Owner(s))	f of Owner(s))	Agent Phone:	#e:	Agent Ma	iling Addre	Agent Mailing Address (include City/State/Zip):	State/Z	(p):		Written Attache	Written Authorization Attached Pes 3 No
PROJECT LOCATION Le	legal Description:		(Use Tax Statement)	PIN: (23 digits)	-\$-	C9-34-3	04-005-	6-3000	Recorde Volume	rded D	ocument {c√J	: (i.e. Propert	Recorded Document: (i.e. Property Ownership) Volume 【으오크 Page(s) 닉(덕
Se 1/4, Sw	2 1/4	Gov't Lot	Lot Lot(s)	MSS	Vol & Page		Lot(s) No.	Block(s) No.	Subd	Subdivision:			
Section 34	_. , Township	NSH	N, Range 09	W	Town of:	Sarnes			Lot Size	ize		Acreage ろ。	2,190
<u>0</u>	ls Property	//Land withir	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	Stream	itream (incl. Intermittent)		Distance Structure	ure is from Shoreline :	reline :		Is Property in	erty in	Are Wetlands
☐ Shoreland ——	ls Property	//Land withir	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ke, Pond or	l 1		ce Structı	Distance Structure is from Shoreline:	reline fe	<u> </u>	□ Yes	No Yes	□ Yes
図 Non-Shoreland													
Value at Time of Completion * include donated time &	Project	Ä	# of Stories and/or basement	nent	Use	# of bedrooms	oms F	Sev	What Typ wer/Sanitar	What Type of er/Sanitary Syon the propert	What Type of Sewer/Sanitary System Is on the property?	1	Water
	New Construction Addition/Alteration	New Construction Addition/Alteration	☐ 1-Story + I	₹ □	Seasonal Year Round	d		Municipal/City (New) Sanitary	1 1	Specify	Specify Type:		□ City
	☐ Conversion	7						Sanitary (E	xists)	Specifi	fy Type:	Corr	
	Run a Business on Property	ness on	☑ No Basement ☐ Foundation ☐ Foundatio	o ent		NO.	None	Compost Toilet	v/servic	e cont	tract)	tract)	
								None					
Existing Structure: (if pe Proposed Construction:	permit bei n:	ng applied fo	(if permit being applied for is relevant to it)		Length:	ನ(e'		Width:	ರ ()		世長	Height:	6'
Proposed Use	•			Prop	Proposed Structure	ture				밁	Dimensions	5	Square
		Principal Structure Residence (i.e. cabi		(first structure n, hunting shac	on property k, etc.)	Y)					××	_	
Docidoptial Inc			with Loft								×		
M Residential Use			with a Porch	orch							××	_	
			with a Deck					Address of terms of t		***************************************	×		AMA AMA PARA SA AMA
			with (2"") Deck	: Sck							< ×	-	
		Bunkhous	with Attached Garage Bunkhouse w/ (□ sanitary, or □ sle	1 01	☐ sleeping quarters,		cooking & fc	food prep facilities)	<u>(s)</u>		× >		
		Mobile H	Wobile Home (manufactured date)	red date))		×)	
Municipal Use	Į 🗆	Addition/	3)	< ×		
		Accessory Building Accessory Building	≥	(specify)ddition/Alter		ify) ↑ 				8	× ×	_	520
Rec'd for Issuance	6			***************************************									
		Special Us	Special Use: (explain)								×		
A Lo		Other: (explain)	Conditional Use: (explain) Other: (explain)		Affile a Vale de Miller de	***************************************					×××		411
Secretarial Staff		FAILURE TO	OBTAIN A PERMIT	or STARTING	CONSTRUCTIO	THOHTIW N	A PERMIT V	WILL BESUIT IN PE	NAITIES				
"[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the	ation (including setail and accu	g any accompanyi	ng information) has be ation I (we) am (are) p	en examined b	y me (us) and to at it will be relie	the best of my	our) knowle eld County i	dge and belief it is to	ue, corre	ct and co	mplete. {	we) acknow	rledge that I (we)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owner(s):

(If there are

Multiple Owners listed on

the Deed All Owners must sign or letter(\$) of authorization must accompany this application)

Schook

Date

8-7

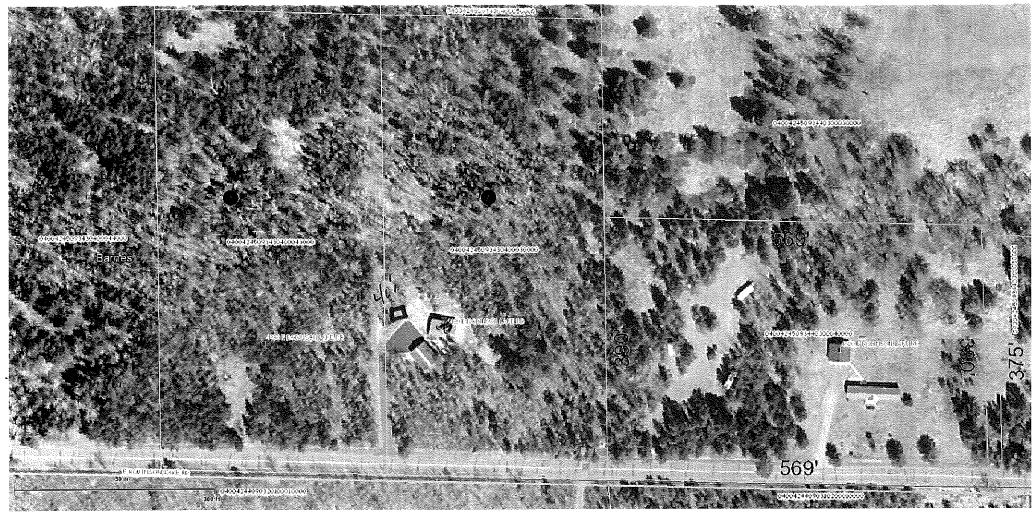
77

Date

Address to send permit

Hold For Sanitary: Hold For TBA:	re ion	Inspection Record: Site is Charel + Mo Date of Inspection:	Was Parcel Legally Created Sees Was Proposed Building Site Delineated Sees	Granted by Variance (B.O.A.) [] Yes	Lot	Permit # 15-0345	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Lo NOTICE: All Land Use For The Construction Of New (other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proporarized by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the East Lot Line	Setback from the South Lot Line Setback from the South Lot Line	Setback from the Established Kight-oi-way	Setback from the Centerline of Platted Road	Description	(8) Setbacks: (measured to the closest point)	(1) Show Location of: (2) Show Location of: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (7) Show any (*):
☐ Hold For Affidavit:		Dec 1	O NO	P)	(Deed of Record) No No (Fused/Contiguous Lot(s)) No No	Permit Date: 9-16	Sanitary Number: Reason for Denial:	cation(s) of New Construction, Se Permits Expire One (1) Year from th One & Two Family Dwelling: ALL Mu ocal Town, Village, City, State or Fed	ar the owner's expense. (10) feet but less than thirty (30) feet from the r rner, or verifiable by the Department by use of a	quired s			30 Feet		3(5 Feet	Measurement	ntinuing) closest point)	nty (regardless of what you are apposed Construction th (N) on Plot Plan Driveway and (*) Frontage Road (1 Existing Structures on your Proper Well (W); (*) Septic Tank (ST); (*) I Lake; (*) River; (*) Stream/Creek; Wetlands; or (*) Slopes over 20% Metlands; or (*) Slopes over 20%
it: Hold For Fees:	as it No —(Iff <u>oo</u> they need to be attached.)		Were Property Lines Represented by Owner Was Property Surveyed	Previouslý Granted by Variance (B.O.A.) Ves 🗆 No Ca	Mitigation Required Yes \(\frac{1}{2}\) No Mitigation Attached \(\subseteq \text{Yes} \) \(\text{U}\) No	8	# of bedrooms:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Iocal Town, Village, City, State or Federal agencies may also require permits.	minimum required setback, the boundary line from which a corrected compass from a known corner within 500 feet	undary line from which the setback must be measured mus	Setback to Well	Elevation of Floodplain	Setback from Wetland	Setback from the Bank or Bluff	Setback from the Lake (ordinary high-wa	Description	Changes in plans must be approved	Proposed.Construction North (N) on Plof Plan **Y Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property **Y Well (Wy); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond **Y Wetlands; or (*) Slopes over 20% **O continuing)
	Date of Approval:	Zoning District Lakes Classification (Date of Re-Inspection:	d 🗆 Yes	- 👑	Affidavit Required Affidavit Attached		Sanitary Date:	nk (HT), <u>Privy (P)</u> , and <u>Well (W)</u> , s not begun. form Dwelling Code.	the setback must be measure of the proposed site of the str	ust be visible from one previous					ter mark)	N		
Holl		n (💆)	No No		□ Yes ☑ No			d <u>Well</u> (W).	must be measured must be visible from seed site of the structure, or must be	ly surveyed corner to the	Feet	Feet	Feet	Feet	Feet	Measurement	by the Planning & Zoning Dept.	

Bayfield County, WI



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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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Cash

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Stamp (Received)

09 2015

Bayfield Co. Zoning Dept.

Permit #: Refund: Date: Amount Paid

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NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. YPE OF PERMIT REQUESTED → SCLAND USE SANITARY Walling Ac RICK REHL Address of Property: 1805 BUCHMAP RB City/State 1805 BUCHMAP RB Contractor: Contractor	CTION UNTIL ALL QUESTED ** BUCHMAN BUCHMAN	L PERMITS HAVE BEEN I	D USE SANITARY SANITARY Mailing /805 City/Sta	MAPPLICANT. Mailing Address: / 805 Buch City/State/Zip: // BARNES Contractor Phone:	E: HMAL	CONDITION LA CONDI	ONAL USE City/State/Zip: BARNES,		SPECIAL USE	B.O. 7. 1	A. OTHER Telephone: 7/5 - 795 - 2. Cell Phone: 2/8 - 393 - 7	A. OTHER Telephone: 7/5 - 795 - 2079 Cell Phone: 2/8 - 393 - 7558 Plumber Phone:
Pers	on Signing Application	1 01	n behalf of Owner(s)) (Use Tax Statement)	Agent Phone: PIN: (23 digits) 04-004-	2-44-	gent Mailing	Address (i	include City	State/Zip): Recorded D		Written Auth Attached Pes N Nt: (i.e. Property	Written Authorization Attached Yes No ocument: (i.e. Property Ownership
1/4,	1/4 1/4	90v	't Lot Lot(s) /	csm coe626 v.4	Vol & Page P. 266 Town of:	Lot(s) No.		Block(s) No.	Subdivision U.541 Lot Size	~	06 717 Acreage	, /5
X D U	ls Property reek or Lan Is Property	y/Land withi dward side of the	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue — X Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue —	If yescontinue e, Pond or Flowage If yescontinue	ontinue	Distance Structure Distance Structure	Structure Structure	is from Shoreline: feet s from Shoreline: #30 feet	Shoreline : feet Shoreline : feet	Is Pro	Is Property in Floodplain Zone?	Are Wetland Present? □ Yes ※ No
☐ Non-Shoreland				-		1	-					
Value at Time of Completion * include donated time &	Project	čt	# of Stories and/or basement	ent	Use	# of bedrooms	75	Sev	What Type of Sewer/Sanitary Sys Is on the propert	ype of ary System property?	a	Water
<u> </u>	Ø-New Construction ☐ Addition/Alteration	New Construction Addition/Alteration	1 1, ,1		Seasonal Year Round			Municipal/City (New) Sanitary	1 !	Specify Type:		+
25,000	☐ Conversion ☐ Relocate (existing bidg)	existing bldg)	☐ Basement	×	SIOKINGE		 	Privy (Pit) or	or Va	Vaulted (min 200 gallon)	in 200 gall	on)
	Property	iness on	☐ Poundation ☐ SLAB	n a	and indicate the management of the state of	X None		Compost Toilet None	oilet	CONTRACT		
Existing Structure: (If perposed Construction:	permit be	ing applied fo	(if permit being applied for is relevant to it) tion:	Len	Length: 84	,	width:	th: 42		TI	Height: /	6'
Proposed Use	•			Prop	Proposed Structure	re				Dimensions	ons	Square Footage
		Principal Residenc	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	structure iting shack	on property) 5, etc.)					×××		
区 Residential Use			with a Porch with (2 nd) Porch	rch						× ×		
	111111111111111111111111111111111111111		with a Deck	CK	**************************************					××		
Commercial Use			with Attached Garage	d Garage	***************************************	Andreas -				×	-	
		Bunkhou Mobile F	Bunkhouse w/ (☐ sanitary, or ☐ sl Mobile Home (manufactured date)	red date) _	sleeping quarters,	or Cooking	ng & food prep	prep facilities)	les	(× ×		To be supply to the supply to
☐ Municipal Use	X -	Accessor	Addition/Alteration (spe Accessory Building (spe	(specify)	STORME					42 × 8	84)	3528
		Accessor	≰	ion/Altera	ation (specify)					×		
Rec'd for Issuance□	ance 🗆	Special L	Special Use: (explain)	1				To the state of th		×		
%₩ 10 2		Conditional Use: Other: (explain)	nal Use: (explain)	, property of the state of the					· '	×		
FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the charged county in the purpose of fineperion.	detail and acc	FAILURE TO TAILURE TO THE TOTAL AND ACCOMPAN TO THE TOTAL AND THE T	O.OBTAIN A PERMIT o wing information) has be mation I (we) am (are) po sition I (we) am (are) pro-	or STARTING (Ten examined b roviding and th viding in or wit	CONSTRUCTION Y y me (us) and to the at it will be relied u h this application. I	WITHOUT A P best of my (ou pon by Bayfield (we) consent t	ERMIT WILL IIJ knowledge I County in de o county offic	RESULT IN Pi and belief it is termining whe ials charged w	ENALTIES true, correct a ther to issue a ther to issue a	ind complete. permit. I (with a county on the county of t	I (we) acknov e) further acco dinances to ha	vledge that I (we) ept liability which ave access to the
above described property at any reasonable time for the purpose of inspection. Owner(s): Sed Rell Canh. Lell (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	any reasonable of the company of the	ed on the Dee	urpose of inspection. Can'h ad All Owners must :	Lelle sign <u>or</u> lette	(s) of authoriza	tion must ac	company th	is application)	Date		

Address to send permit

1805

BUCHMAN

25

BARNES

છ \

54873

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

111

- **Show Location of:** Show / Indicate:
- Show Location of (*):
- Show:
- (2) (3) (4) (5) (7) Show:
- Show any (*): Show any (*):

- Proposed Construction

 North (N) on Plot Plan

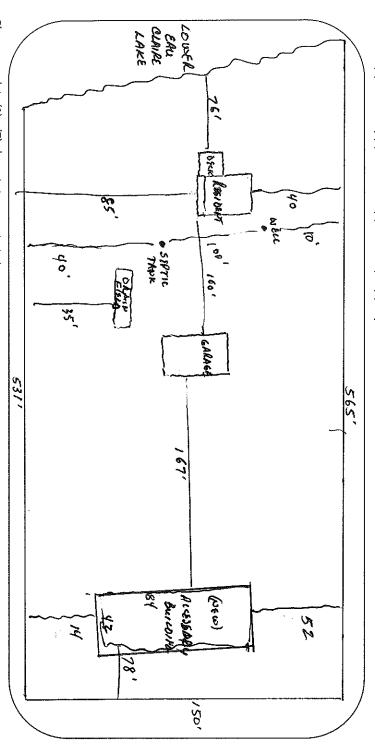
 (*) Driveway and (*) Frontage Road (Name Frontage Road)

 All Existing Structures on your Property

 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

 (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet		Setback to Privy (Portable, Composting)
			Feet	191	Setback to Drain Field
0 Feet	260	Setback to Well	Feet	251	Setback to Septic Tank or Holding Tank
Feet		Elevation of Floodplain	Feet	78	Setback from the East Lot Line
X No	☐Yes	20% Slope Area on property	Feet	411	Setback from the West Lot Line
Feet		Setback from Wetland	Feet	10'	Setback from the South Lot Line
			Feet	52	Setback from the North Lot Line
Feet		Setback from the Bank or Bluff	SA STATE		
Feet		Setback from the River, Stream, Creek	Feet	52	Setback from the Established Right-of-Way
'/ Feet	141	Setback from the Lake (ordinary high-water mark)	Feet	52	Setback from the Centerline of Platted Road
			9393		
Measurement	Meası	Description	nt	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setba other previously surveyed corner or marked by a licensed surveyor at the owner's expense. red must be visible from

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary:	Signature of Inspector: All Manuary		Date of Inspection: 115 6 Inspection Condition(s):Town, Committee or Board Conditions Attached?	Easement Sun Nyunhan	Was Parcel Legally Created N Yes Was Proposed Building Site Delineated Yes	Granted by Variance (B.O.A.) Yes No Case #:	Is Parcel a Sub-Standard Lot	Permit #: 150346	Permit Denied (Date):	Issuance Information (County Use Only)
☐ Hold For Affidavit:		May not be used for human habitation. No water under pressure in structure.	⊃ected b	boation well Markat	NYes ONo		Yes (Deed of Record) \(\bar{\text{\tint{\text{\tin}\text{\tex{\tex	Permit Date: 9.16	Reason for Denial:	Sanitary Number:
wft: Hold For Fees:		human under	(If <u>No</u> they need to be attached.)	il mortical	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)	Mitigation Required ☐ Yes Mitigation Attached ☐ Yes			# of bedrooms:
es:	Date of Approval: 9		Date of Re-inspection:	Zoning District (P3 Lakes Classification (Represented by Owner Yes Was Property Surveyed Yes	(B.O.A.) Case #:	No Affidavit Required			oms: Sanitary Date:
	roval: 9/6/8		section:	ion (□ No		d □Yes ™No			

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為 \$ (00 Jup Surface)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Stamp(Beceived)

Bayfield Co. Zoning Dept. JUN 23 2015

Refund:	Amount Paid:	Date:	Permit #:
	\$178 19/16-15	:9-16-1S	150318

Authorized Agent: (Person Signing Application Location) Section Section Shoreland Authorized Agent: (Person Signing Application) Section Sect	NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED→ □ LAND USE □ SANITARY □ PRIVY □ PR	of Rive	PRIVY Daddress: Hick & A Hick & A Pris - 222 Pris	City/State/Zip: St. R. M. SS//6 - /9 City/State/Zip: St. R. M. SS//6 - /9 Agent Mailing Address (include City/State/Zip): S223 Mos. Recorde S223 Mos. Recorde Volume Bick(s) No. Subdivis Distance Structure is from Shoreline: Point and Structure is from Shoreline: Point and Structure is from Shoreline:	ONDITIONAL USE SPECIAL USE City/State/Zip: St. Pell MM St. Record OF-04(-07608 Lotts) No. Block(s) No. Subdiv Distance Structure is from Shoreline: Feet	B.O.A 937 ad Document: 242 sion: Is Prope Floodplai	A. OTHER Telephone: Cell Phone: CSI-27+849 Written Authorization Attached BY yes I No t: (I.e. Property Ownership) Page(s) 408 Page(s) 408 Persent? Persent? Yes OTHER
Mad J	☐ Is Property/Land within 300 feet of River, Stream (ind. Interm Creek or Landward side of Floodplain? If yes—continue If yes—continue If yes—continu	300 feet of River, Stre Floodplain? If y 1000 feet of Lake, Por	Stream (ind. Intermittent) If yes—continue —> Pond or Flowage If yes—continue —>	Distance Structur Distance Structur	Distance Structure is from Shoreline: fee Distance Structure is from Shoreline: fee	7 7	
Value at Time of Completion *include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Typ Sewer/Sanitary Is on the pro	What Type of er/Sanitary System on the property?	Water

Proposed Construction:	Existing Structur					1000°	γ·		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)	The second state of the se	Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	₩ Addition/Alteration	□ New Construction	Project
	or is relevant to it)		□ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	1-Story	# of Stories and/or basement
Length:	Length:						☐ Year Round	₩ Seasonal	Use
				None None		3	2	₽	# of bedrooms
Width: Hei	Width: Hei	None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☑ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height:	Height:				200 gallon)	K	⅓ Wel	□ City	Water

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				- Control of the cont	
Proposed Use	1	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	_	×)	
		Residence (i.e. cabin, hunting shack, etc.)	_	×	
		with Loft	_	12 (
		with a Porch		*****)	
		with (2 nd) Porch	_	X	
		with a Deck	_	×	
		with (2 nd) Deck	_	×	
☐ Commercial Use		with Attached Garage	_	×	The state of the s
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	s	×2	144
		Mobile Home (manufactured date)		12 × 15)	/80 >

Municipal Use

Addition/Alteration (specify)

Porch }

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 $\times | \times$ × **Accessory Building**

(specify)

Accessory Building Addition/Alteration (specify) _

Rec'd for Issuance

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Other: (explain)

Special Use: (explain) ______Conditional Use: (explain)

Authorized Agent: Owner(s): (If there Sected 118 Staff

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[We] declare that this application [including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which any be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the bove described property at any reasonable time for the purpose of inspection. are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Josen 1,500 Date Date

(If you are signing on behalf 5020 of the owner(s) a lette Barnes

200

10/5/1/5 10/5/1/5

Address to send permit

Signature of inspector Office of Approval: 603
Inspection Record: Zoning District (P) Lake: Classification 2 Date of Inspection: (D) Inspected by: (F) Condition(s):Town, Committee or Board Conditions Attached? □ Yes: □ No -(if No tyley need to be attached.) □ Date of Re-Inspection:
Granted by Variance (B.O.A.) ☐ Yes No Case #: ☐ Yes No Case #: ☐ No ☐ Were Property Lines Represented by Owner ☐ No ☐ N
Permit #:
The local Town, Village, City, State or Federal agencies may also require permits. Issuance Information (County Use Only)
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
equired s thirty (30 e Departr
Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) NA Feet Setback to Privy (Portable, Composting)
6'
Setback from the Centerline of Platted Road Setback from the Lake (ordinary high-water mark) Setback from the Established Right-of-Way NA Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff NA Feet Setback from the Bank or Bluff
Description Measurement
Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)
JONES DO
State of the state
WEST COSTACIAL TO THE STATE OF
K-61-7
SCREENSON SCREENSON
トスの一手
ontage Road (Nan your Property Tank (ST); (*) Dra tream/Creek; or (pes over 20%

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 <u>\$</u> APPLICATION FOR PERMIT
BAYFIALD COUNTY, WISCONSIN Date Stamp (Received) Stalis SP 102015 **b**/00 nig Dept. Lorre THTENED Surfaces Permit #: Date: Refund: Amount Paid:

n Bayfield County Joning Department	ts will be issued until all fees are paid.
	Bayfield Co. Zor

意 'o' Q

INSTRUCTIONS: No permit Checks are made payable to

etaria		-	Municipal Use Accessory Building			<u> </u>		with a Deck	with (2	X Residential Use with a Porch		☐ Principal Structure ☐ Residence (i.e. cabi		Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)	12 x 1	Property	Reith a Rusing sing! Sasemielit	Conversion	Addition/Alteration	▶ New Construction ☐ 1-Story	Value at Time of Completion	□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	(Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —>	Section , Township	000000000000000000000000000000000000000	tatemer	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:
to hake		Accessory Building Addition/Alteration (specify)	(specify)	ufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	Deck	with (2 nd) Porch	Porch	ft	Principal Structure (Tirst Structure on property) Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure	Length: Width:	Length: 20-25 5/	ir to Lake	,	None	3	+Loft X Year Round 2 0	☐ Seasonal ☐ 1 ☐	# of Stories Use of and/or basement bedrooms	Distance Structure	of River, Stream (incl. Intermittent) Distance Structure	A MICHANIA	ge Lot(s) No.	204-2-41-09-03-204-000-	Agent Phone:	Contractor Phone: Plumber:	City/state/Zip:
4cees (x 25)	(X)	(X)	× ×	× ×		× .	(x)	(x	(x)	(x)	(X)	x x	Dimensions	dth: Height:	484	None	Compost Toilet	Portable (w/service contract)	xists)	(New) Sanitary Specify Type:	Municipal/City	What Type of Sewer/Sanitary System Is on the property?	is from Shoreline : Yes I No	is from Shoreline : Is p	Lot Size Acreage	ion:			Plumber Phone:	CH873 76-3
100	- Andrews and restrictions and summarises and summa	A PARTY MANAGEMENT AND			Ample of the contract of the c	West of the second seco							Square Footage		1					_ ≯well	☐ City	Water	□ No	Are Wetlands Present?	C		(s)	Written Authorization Attached Yes	Phone:	370-605

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Owner(s):

22/2

listed on the Deed All Owners must

p.o<u>r</u> letter(s) of authorization must accompany this application)

Date Seff

20

Date

(If there are Multiple Owner

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

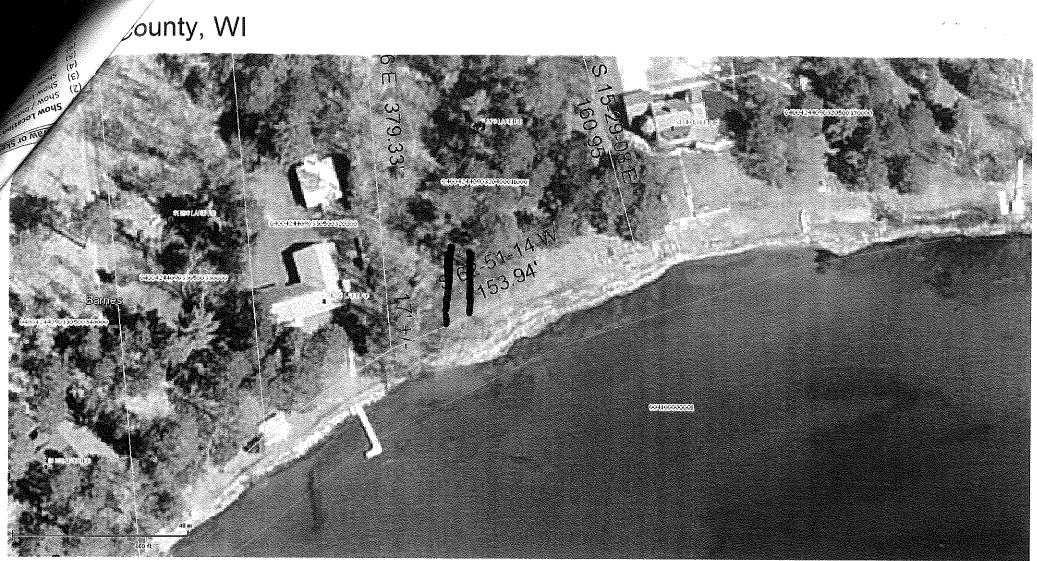
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property any reasonable time for the purpose of inspection.

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Hold For TBA: [] Hold For Affidavit: [] Hold For Fees: [] [] [] []	Hold For Sanitary:
	Signature of Inspect
No -(If No the	Condition(s):Town Co
自 (Jakes Classification () Date of Re-Inspection:	Date of Inspection:
	Was Proposed Building Site Delineated Inspection Record:
Case #: □ Yes □ No □ Were Property Lines	Granted by Variance (B.O.A.) ☐ Yes / No Was Parcel Legs
tandard Lot Pes (Deed of Record) Ves (No Ownership Yes (Fused/Contiguous Lot(s)) No Ownership Yes (No Ownership Y	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
349 Permit Date: 9-17-15	Permit #: 15-034
Issuance Information (County Use Only) Sanitary Number: # of bedrooms: # of bedrooms: Sanitary Date:	Issuance Informati Permit Denied (Date):
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	For
stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	marked by a licensed surveyor at (9) Stak
ner's expense. but less than thirty (30) feet from t erifiable by the Department by use	other previously surveyed corner or marked by a licen other previously surveyed corner to the placement or construction of a structure none previously surveyed corner to the other previously
Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composting)	Setback to Drain Field Setback to Privy (Porta
ling Tank	Setback to Septic Tank
e 50 Feet Elevation of Floodplain	Setback from the West Lot Line Setback from the East Lot Line
100 Feet	Setback from the North Lot Line Setback from the South Lot Line
Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the Estab
Feet Setback from the Lake (ordinary high-water mark)	from the
Description Measurement Description Measurement Description	(8) Setto
complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.	Please complete (1)
Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20%	(5) Show: (6) Show a (7) Show a
Indicate: North (N) on Plot Plan Ocation of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property	
Droposed Construction	



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